

Application Data Sheet**Application Information**

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | Paper |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | |
| Title:: | TREATMENT OF HYPERPROLIFERATIVE DISEASE |
| Attorney Docket Number:: | FISHMAN14A |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 7 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Israel |
| Status:: | Full Capacity |
| Given Name:: | Pnina |

| | |
|---|---------------------------|
| Middle Name:: | |
| Family Name:: | FISHMAN |
| Name Suffix:: | |
| City of Residence:: | Herzliya |
| State or Province of Residence:: | |
| Country of Residence:: | Israel |
| Street of Mailing Address:: | 19 Asher Barash Street |
| City of Mailing Address:: | Herzliya |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | Israel |
| Postal or Zip Code of Mailing Address:: | 46365 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Israel |
| Status:: | Full Capacity |
| Given Name:: | Lea |
| Middle Name:: | |
| Family Name:: | MADI |
| Name Suffix:: | |
| City of Residence:: | Rishon Le Zion |
| State or Province of Residence:: | |
| Country of Residence:: | Israel |
| Street of Mailing Address:: | 27 Richard Fienman Street |
| City of Mailing Address:: | Rishon Le Zion |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | Israel |
| Postal or Zip Code of Mailing Address:: | 75791 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Israel |
| Status:: | Full Capacity |
| Given Name:: | Sara |
| Middle Name:: | |
| Family Name:: | BAR YEHUDA |
| Name Suffix:: | |

City of Residence:: Rishon Le Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 21B Arbel Street
City of Mailing Address:: Rishon Le Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75474

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

| | | | |
|------------------|---|-----------------|---------------|
| Application:: | Continuity Type:: | Parent | Parent Filing |
| | | Application:: | Date:: |
| This Application | National Stage of | PCT/IL05/000232 | 02/24/05 |
| PCT/IL05/000232 | Appln claiming benefit of 35 USC 119(e) | 60/547,561 | 02/26/04 |

Foreign Priority Information

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|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
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Assignment Information

Assignee Name:: Can-Fite Biopharma Ltd.
Street of Mailing Address:: 10 Bareket Street
City of Mailing Address:: Petach Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 49170